PATIENT/APPLICATION REE DETERMINATION RECORD

Effective October 1, 2000

filon or Docket Number 4

09/701588

CLAIMS AS FILED PARTIE

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If the entry in column It is less than the entry in column 2, write "0" in column 3. TOTAL OR ADDIT FEE

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT FEE

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

If the Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column. The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column.

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TOTAL	\$2200 C	IOR	ADDIT FFF	7435

FORM PTO-875 (Rev. 8/00)